



# VANCOUVER ABORIGINAL COMMUNITY POLICING CENTRE

## Volunteer Application Form

### APPLICANT INFORMATION

Name	Last Name		Given Names	
	Are you Aboriginal?		Which First Nation(s)	
Address				
		Province		Postal Code
Phone	Home		Cell	
	Work		E-mail	
Have you ever lived outside of the Lower Mainland?			Yes <input type="radio"/> No <input type="radio"/>	
If yes, where and when?				

### GENERAL INFORMATION

Current Occupation		Current Employer/ School	
Other Volunteer Experience			
Additional Information			
Do you have any physical or mental health concerns that we should know about in order to better support you as a volunteer?			
How did you hear about the VACPC?			
Why do you want to volunteer with the VACPC?			
What do you expect to gain from volunteering with us?			

**AVAILABILITY** (Please check ) Available Start Date: \_\_\_\_\_ How many hours per month: \_\_\_\_\_

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
10 am - 2 pm							
1 pm - 5 pm							
6 pm - 9 pm							

**SKILLS/ TRAINING** (Please check ✓ and provide a brief description)

	✓	Description
First Aid		
CPR		
Hospitality		
Computer		
General Office		
Cultural Knowledge		
Facilitation		
Workshops		
Other Skills/ Training		
Language other than English spoken		

Please ✓ all areas where you may be interested in helping:

- Staffing the Community Policing Centre
- Community Programs
- Newsletter:  Writing/ Editing  Interviewing
- Organizing events and activities
- Bike Patrol
- Pooch Patrol
- Serving on the Board of Directors
- Cultural Activities
- Delivering notices and flyers
- Truck/ trailer/ van
- Class 4 Driver
- Other areas of interest \_\_\_\_\_
- Researching/ fundraising
- Assisting with advertising/ publicity
- Desktop Publishing  Photography
- Special Events
- Professional advice (i.e. legal or accounting)
- Foot Patrol
- Community Clean-ups
- Speed Watch
- Business Safety
- Outreach
- Elder Support

**REFERENCES - Please do not include relatives**

Name	Occupation/ Position	Relationship	Phone

\* Please provide a copy of your photo ID with this application. Copies can be made at the VACPC office.

I hereby attest that the above information is true to the best of my knowledge and I agree to submit my name to a security and criminal record check by the Vancouver Police Department.

I understand and accept that it is the Vancouver Aboriginal Community Policing Centre's policy to not provide feedback if my application to become a volunteer is not successful.

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**Applicant Signature** **Date**

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**Parent's / Guardian's Signature** **Date**  
(for volunteers under nineteen years of age)

**EMERGENCY CONTACT**

Name	Last Name	First Name	Initial
Relationship to Applicant			
Address			
Province		Postal Code	
Phone	Home	Work	Cell